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CONFIRMATION NO. 1004

SERIAL NUMBER 10/667,835	FILING OR 371(c) DATE 09/23/2003 RULE	CLASS 546	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. papa03001	
APPLICANTS Elisabeth S. Papazoglou, West Lafayette, IN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/15/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY IN	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
ADDRESS 40513					
TITLE Method and compositions for chronic wound care					
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		